

An Equal Opportunity Employer

This form is issued under the personnel policies of the Michigan Department of Treasury in accordance with Civil Service Rules. You must complete this form to apply for employment with the Department of Treasury.


## PRE-EMPLOYMENT APPLICATION

|                                                                                                                                                                                                    |  |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------|
| <b>INSTRUCTIONS: Please print or type. Complete all items.</b>                                                                                                                                     |  | Date                          |
| Name (last, first, initial)                                                                                                                                                                        |  | Social Security Number        |
| Address (street, city, state, ZIP)                                                                                                                                                                 |  | Home Phone (with area code)   |
|                                                                                                                                                                                                    |  | Other Phone (with area code)  |
| Position You Are Applying For                                                                                                                                                                      |  | Date Available For Employment |
| Type of Employment<br><input type="checkbox"/> Permanent Full Time <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent Intermittent or Part Time <input type="checkbox"/> Nights |  |                               |

## EDUCATION: (List Name(s) and city and state of school(s) attended)

|                                                    |                               |                             |                             |                             |
|----------------------------------------------------|-------------------------------|-----------------------------|-----------------------------|-----------------------------|
| High School Graduate?                              | Check Highest Grade Completed |                             |                             |                             |
|                                                    | <input type="checkbox"/> 9    | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |
| College                                            |                               |                             |                             |                             |
| Degree or Number of Credits                        | Major(s)                      |                             | Minor(s)                    |                             |
| College                                            |                               |                             |                             |                             |
| Degree or Number of Credits                        | Major(s)                      |                             | Minor(s)                    |                             |
| Business, Trade, Correspondence or Military School | Degree or Certificate         |                             | Field of Study              |                             |
| Other School                                       |                               |                             |                             |                             |

## PERSONAL BACKGROUND

|                                                                                                                                                                     |  |                                                                                            |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|------------------------------|
|                                                                                                                                                                     |  | NO YES  | Explain all YES answers here |
| 1. Have you ever been convicted for any violation of the law other than minor traffic violations?                                                                   |  | <input type="checkbox"/> <input type="checkbox"/>                                          |                              |
| 2. Are there any felony charges pending against you?                                                                                                                |  | <input type="checkbox"/> <input type="checkbox"/>                                          |                              |
| 3. Have you ever been discharged, asked to resign, or suspended by an employer?                                                                                     |  | <input type="checkbox"/> <input type="checkbox"/>                                          |                              |
| <b>NOTE:</b><br><b><u>Because of the confidentiality of the work of the Department of Treasury, background checks and criminal history checks will be made.</u></b> |  |                                                                                            |                              |
| Do you have any relatives currently working in the Department of Treasury?                                                                                          |  |                                                                                            |                              |
| <input type="checkbox"/> NO <input type="checkbox"/> YES If YES, name of relative: _____                                                                            |  |                                                                                            |                              |
| What is their relationship to you? _____                                                                                                                            |  |                                                                                            |                              |
| If the position you are applying for requires travel, do you have a valid driver's license?                                                                         |  |                                                                                            |                              |
| <input type="checkbox"/> YES; Driver's License No. _____                                                                                                            |  |                                                                                            |                              |
| <input type="checkbox"/> NO (Please explain) _____                                                                                                                  |  |                                                                                            |                              |
| Are You a Citizen of the United States or an alien authorized to work in the United States on a full or part time basis?                                            |  |                                                                                            |                              |
| <input type="checkbox"/> YES                                                                                                                                        |  |                                                                                            |                              |
| <input type="checkbox"/> NO (Please explain) _____                                                                                                                  |  |                                                                                            |                              |

(Continue on reverse side)

**REFERENCES (List at least three references other than relatives)**

|                                             |       |            |
|---------------------------------------------|-------|------------|
| Name and Address (street, city, state, ZIP) | Phone | Occupation |
|                                             |       |            |
|                                             |       |            |

**EMPLOYMENT RECORD: List present or most recent employer first.**

|                                                            |                |                                                                     |                    |    |
|------------------------------------------------------------|----------------|---------------------------------------------------------------------|--------------------|----|
| Most Recent Employer (company name and city, state)        |                | Dates Employed<br>FROM                                              |                    | TO |
| Your Supervisor's Name and Title                           | Your Job Title |                                                                     | Last Salary        |    |
| Your Duties                                                |                |                                                                     | Reason For Leaving |    |
| Previous Employer (company name and city, state)           |                | Dates Employed<br>FROM                                              |                    | TO |
| Your Supervisor's Name and Title                           | Your Job Title |                                                                     | Last Salary        |    |
| Your Duties                                                |                |                                                                     | Reason For Leaving |    |
| Previous Employer (company name and city, state)           |                | Dates Employed<br>FROM                                              |                    | TO |
| Your Supervisor's Name and Title                           | Your Job Title |                                                                     | Last Salary        |    |
| Your Duties                                                |                |                                                                     | Reason For Leaving |    |
| Do We Have Permission to Contact Your<br>Present Employer? |                | Have You Previously Worked For This Department? If Yes, Give Dates. |                    |    |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |                | <input type="checkbox"/> NO <input type="checkbox"/> YES: FROM TO   |                    |    |
| Previous Employer?                                         |                | Names of Other State Departments You Have Worked For                |                    |    |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   |                |                                                                     |                    |    |

**SPECIAL SKILLS:** List training, licenses, office machines you can operate, typing speed, languages you speak fluently, etc. which add to your qualifications

I certify that the information I have given on this form is true and complete according to my best knowledge. I recognize that any deliberate misrepresentation or falsification of material fact will be cause for rejection of this application, or dismissal, if discovered after I have been hired.

Applicant's Signature